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**AMENDMENT UNDER 37 CFR 1.116
EXPEDITED PROCEDURE –
EXAMINING GROUP 2176**

Mail Stop AF
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PATENT
Attorney Docket No.: 16869N-041900US
Client Ref. No.: NT0588US

On

10/5/05

TOWNSEND and TOWNSEND and CREW LLP

By:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yuki Aoyama, et al.

Application No.: 10/066,405

Filed: January 31, 2002

For: DOCUMENT MANAGEMENT/EDI
SYSTEM LINKAGE UNIT, DOCUMENT
MANAGEMENT/EDI SYSTEM LINKAGE
METHOD, INFORMATION RECORDING
MEDIUM AND DOCUMENT
PROCESSING PROGRAM

Customer No.: 20350

Confirmation No. 3749

Examiner: James H. Blackwell

Technology Center/Art Unit: 2176

**AMENDMENT UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2176**

10/07/2005 HDESTA1 00000057 201430 10066405

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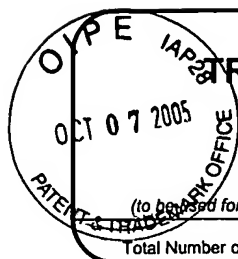
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed July 5, 2005 on the above-referenced application, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

| | |
|------------------------|--------------------|
| Application Number | 10/066,405 |
| Filing Date | January 31, 2002 |
| First Named Inventor | Aoyama, Yuki |
| Art Unit | 2176 |
| Examiner Name | James H. Blackwell |
| Attorney Docket Number | 16869N-041900US |

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
|---|--|--|

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | George B. F. Yee | | |
| Date | October 5, 2005 | Reg. No. | 37,478 |

CERTIFICATE OF TRANSMISSION/MAILING

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| | | | |
|-----------------------|------------------|------|-----------------|
| Signature | | | |
| Typed or printed name | Cynthia McKinley | Date | October 5, 2005 |

OCT 07 2005

PTO/SB/17 (12-04)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 600

Complete if Known

Application Number 10/066,405
Filing Date January 31, 2002
First Named Inventor Aoyama, Yuki
Examiner Name James H. Blackwell
Art Unit 2176
Attorney Docket No. 16869N-041900US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES Small Entity | | SEARCH FEES Small Entity | | EXAMINATION FEES Small Entity | | Fees Paid (\$) |
|------------------|-----------------------------|----------|-----------------------------|----------|----------------------------------|----------|----------------|
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity Fee (\$) | Small Entity Fee (\$) |
|---|--------------------------|--------------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------|---------------|----------|---------------|---------------------------|----------|---------------|
| 9 | -20 or HP = 0 | x \$50 | = \$0 | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 7 | -3 or HP = 3 | x \$200 | = \$600 | | | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

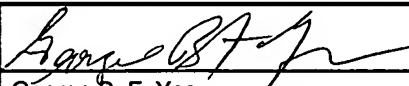
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | |
|-------------------|---|--|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 37,478 | Telephone 650-326-2400 |
| Name (Print/Type) | George B. F. Yee | | Date October 5, 2005 |